PHM - Prior Authorization - Eligibility Verification

Purpose: Determination of eligibility must be completed prior to completion of prior authorization.

Identification of Roles:

Pharmacy Technician (PT)– completes administrative tasks

Pharmacist (RPh) – responds to prior authorization requests; approves or denies prior authorization requests.

Performance Standards: N/A

Path of Business Procedure:

Step 1. Upon receipt of the prior authorization request form received by RightFax the request for prior authorization will be logged into the Prior Authorization Decision Support System (PADSS).   Ensuring that the following demographics are entered:
   a.   Medicaid Identification number
   b.   National Provider Identifier (NPI)

Step 2. PT will access the Medicaid Management Information System (MMIS) to verify eligibility.

Step 3. PT will inquire under member identification number.

Step 4. PT will confirm the following items:

   a.   Fund code (refer to MMIS Valid Values)

   b.   Dates of eligibility related to dates of services

   c.   Medicare coverage (parts A & B)

   d.   Place of residence

   e.   Health Maintenance Organization (HMO) coverage

   f.   Private insurance coverage (verify type of coverage under contract; refer to Iowa Medicaid MMIS Valid Values)

Step 5. If eligibility conflicts are noted, PT will enter a response from a menu of appropriate responses listed in the Prior Authorization Decision Support System (PADSS) and return the Request for Prior Authorization to the provider, noting this action in the comments box so that the PADSS system will log this action for future reference.

Step 6. PT will update MMIS with approval, modification and/or denial information.

Forms/Reports:

1. Request for Prior Authorization Forms located at www.iowamedicaidpdl.com under the PA Forms link
2. Approval Fax Notification
3. Denial Fax Notification
4. Monthly PA Phone Report
5. Monthly PA Statistics by PDL Category and Drug Report
6. Monthly PA Statistics by PDL Category with YTD Totals Report
7. Monthly PA Report by Pharmacist
8. Monthly Smoking Cessation Report
9. NOD Letter to Member
10. PA/PDL Savings Report
11. Prior Authorization Log
12. Quarterly PA Exceeding 24 Hours Report
13. Quarterly PA Statistics by PDL Category Report

RFP References: 6.3.2.2.a., 6.3.2.2.b., 6.3.2.2.e.1., 6.3.2.2.e.3., 6.3.2.2.e.6., 6.3.2.2.e.10., 6.3.2.2.e.11., 6.3.2.2.e.13., 6.3.2.2.e.15.

Interfaces: Prior Authorization Decision Support System (PADSS), MMIS

Attachments: None